

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021246

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 11 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY **ST. LOUIS**b. CITY (If outside, give county, township, and range)
OR TOWN **JEFFERSON HARRACKS
MISSOURI**Length of stay in lb
10 MIN.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION
HOSPITAL**Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **ILLINOIS** b. COUNTY **MADISON**c. CITY
OR TOWN **TROY**Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
217 W. CLAYReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
FRANCIS C. BREYER4. DATE OF DEATH
Month Day Year
MAY 29 19625. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
1-5-219. AGE (last birthday)
41IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
LABORER10b. KIND OF BUSINESS OR INDUSTRY
GENERAL CONSTR.11. BIRTHPLACE (City and state or country)
GRANITE CITY, ILL12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

JOHN BREYER

13b. MOTHER'S MAIDEN NAME

ELIZABETH WUCHERPFENNIG

14. NAME OF HUSBAND OR WIFE

NEVER MARRIED15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war and dates of service)
YES WW-II16. SOCIAL SECURITY NO.
[REDACTED]17. INFORMANT
**MARGARET HOLSHOUSER (SISTER)
217 W. CLAY, TROY, ILLINOIS**18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARCINOMA OF HYPOPHARYNXINTERVAL BETWEEN
ONSET AND DEATH
UNDETConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)
MYOCARDITIS, ACUTEPART III. If deceased was female was
there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **5-29-62** to **5-29-62** **XXXXXXXXXXXX**Death occurred at **3:45 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

George C. Wee, M.D.

22b. ADDRESS

VET ADM HOSP, JEFF BRKS, MO.

22c. DATE SIGNED

5-29-6223a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

REMOVAL JUNE 2 1962**CALVARY**

24. FUNERAL DIRECTOR

**205 Edwardsville Bl.
TROY, ILLINOIS**

25. DATE RECD. BY LOCAL REG.

5-30-62

26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jewel A. Edwards

Licensed Embalmer No. 3548

P. O. Address Tray, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.